

Isaac D. Adams

Town

County

MARYLAND

Died at

Salisbury Wicomico

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age 56

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

Miss Fannie Dorman

Wife

Mother's

Name Adams

Maiden Name

Goslee

Cause of

Primary

Arterio. Sclerosis "Gr." I

How long sick

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

81

F. M. Stevens M.D.

Address

Salisbury

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

27



Name  
in  
Full

Stella Avery

CERTIFICATE OF DEATH

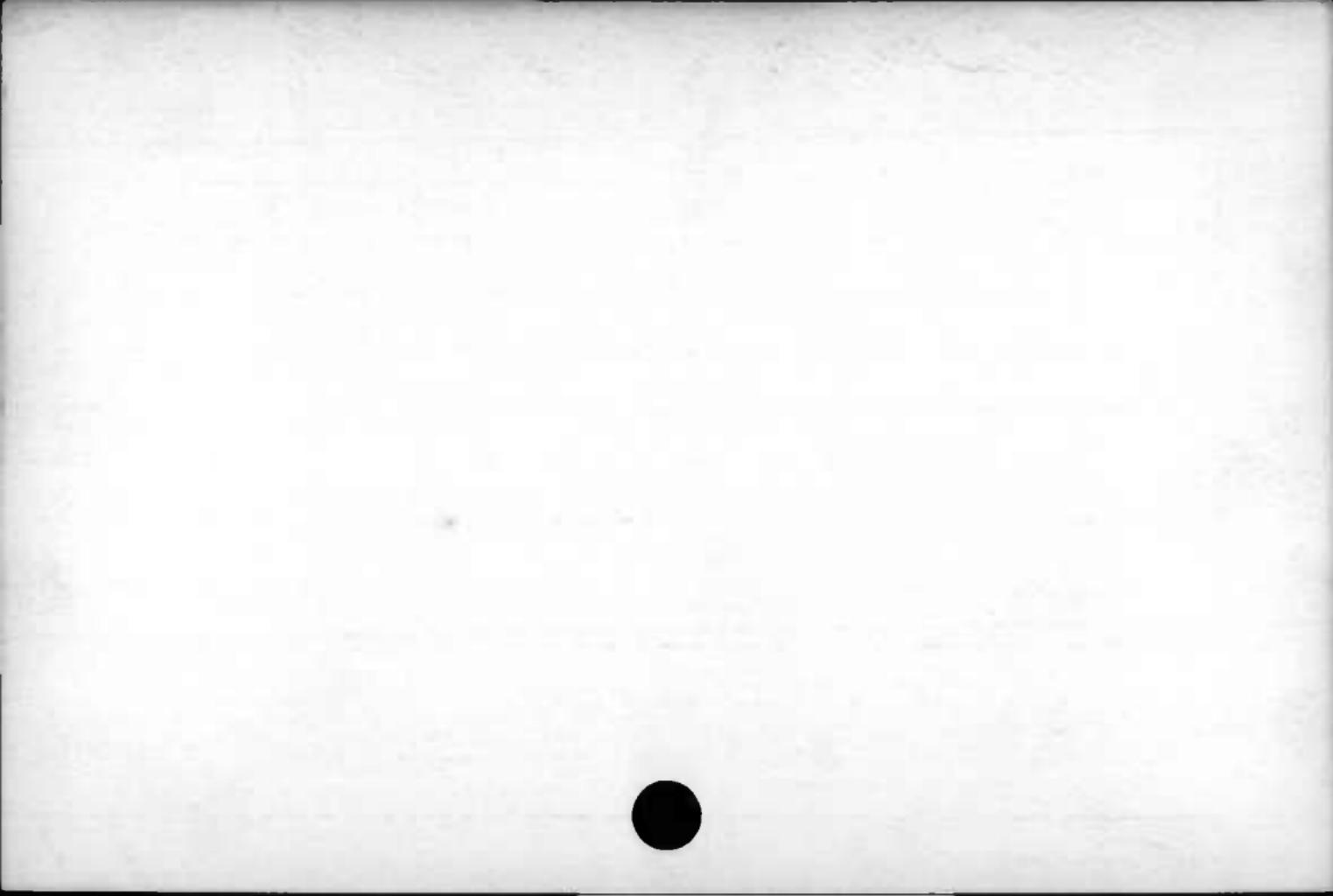
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Died at	Near Salisbury		Wicomico		MARYLAND	
Date of death	1903	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Near Salisbury	
Married, Single or Widowed	Married	Occupation	House Work			
Name of Wife or Husband	Emory B. Avery					
Father's Name	Jos H. Maddox					
Mother's Maiden Name	Wicomico Co?					
Name of person giving information	20					
How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sepsis	How long	12 days
Immediate	Tritonitis & Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Gv. H. Ford
Yes?		Address	Salisbury Md
Accident or Suicide?			



Mrs. Lucy M. Bennett

Town

County

MARYLAND

Died at

Near Marcella, Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

'3 2 8

Age

Married

Widow

Male

White

Widow

Female

Colored

Single

Widower

Number of children living

8

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mrs. Bennett

47

Mother's

Maiden Name

Primary

Immediate

How long sick

Cancer of Liver

Accident, Suicide, Homicide

Tumour on Liver

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Khayland	Wicomico				
Date of death 1903	Month 2	Day 18	Age	Years	Months	Days
Sex	Male	Color or Race	white	Occupation	Birth- place	Md
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Edward L. Cantwell			Father's Birthplace	Md	
Mother's Maiden Name	Laura R. Boundr			Mother's Birthplace	Md	
Name of person giving Information	C. L. Cantwell			How related to deceased	Father	
CAUSES OF DEATH						

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. A. Dawson

Address

Khayland

Md

Undertaker

Accident or Suicide?

$17 \frac{1}{2}$

$10 \frac{1}{2}$

$5 \frac{1}{2}$

$\frac{1}{2}$

$\underline{37 \frac{1}{2}}$

$\frac{2}{2}$

$\frac{2}{2}$

$\frac{1}{2}$

$\underline{45 \frac{1}{2}}$

Name  
In  
Full

George W. Cattell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Fairland	Baltimore			
Date of death 1903	Month Feb.	Day 25	Years 68	Months	Days
Sex	Male	Color or Race	white	Birth- place	Maryland.
Married, Single or Widowed	Married	Occupation Farmer			
Name of Wife or Husband	Mary J. Leasey				
Father's Name	James Cattell			Father's Birthplace	
Mother's Maiden Name	Wif. Walker			Mother's Birthplace	
Name of person giving Information	Friend			How related to deceased	none

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Chronic Heart Disease	How long 1 year or more
	Immediate Davitious Heart Failure	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signture of Physician Louis Willcox, M.D.	Address Belvoir, Md.
Accident or Suicide?		



Mrs. Mamie Dickerson

Town

County

Died at

Salisbury Wicomico

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feby 5

Age 38

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband of

Chas. L. Dickerson

Wife

Father's

Name

Mrs. Chapman Maiden Name Margaret Chapman

Cause of

Primary

Neurotic Dyspepsia w/ Drunkeness

How long sick

7 1/2 mos.

Death

Immediate

Inanition

106

Accident, Suicide, Homicide

Reported by

F. B. Stevens M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William E Elliott.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Feb	Day 4	Years 15'
Age	3 Months	4 Days	
Sex Male	Color or Race White	Birth- place Md	
Married, Single or Widowed	Occupation School boy		
Name of Wife or Husband			
Father's Name John T Elliott		Father's Birthplace Diel	
Mother's Maiden Name Lida E Parsons		Mother's Birthplace Md	
Name of person giving Information John T Elliott		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease ag

How long

7 years

Immediate

do

How long

Are the name, age, sex, color, date  
and place correctly given above?

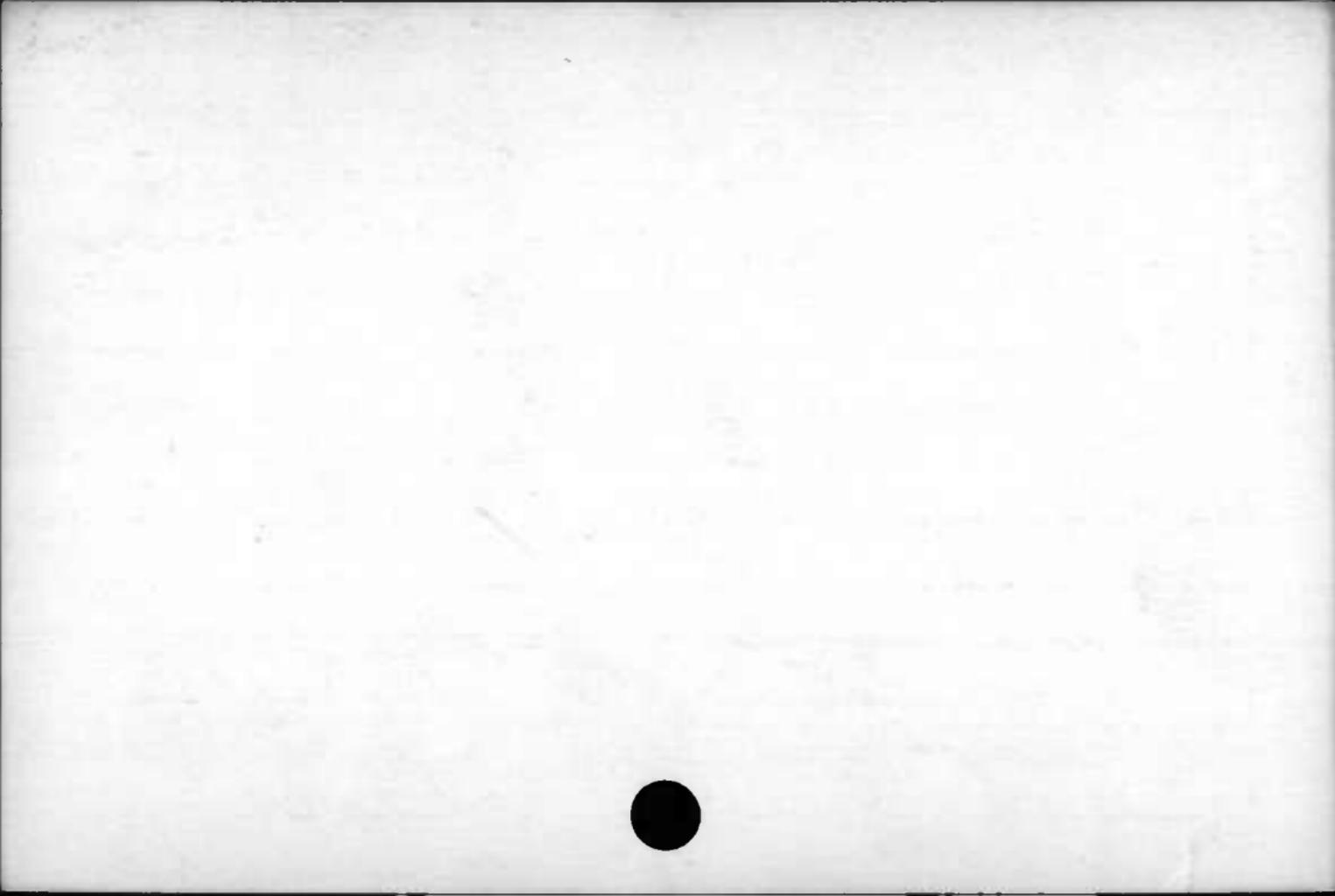
Signature of  
Physician

Address

F. H. Clemmons M.D.

Dalisbury  
Md

Accident or Suicide?



Name  
in  
Full

Isaac H Fleming

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death 1903	Month <u>Feb</u>	Day <u>7</u>	Age <u>about 80</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place	<u>Md</u>	
Married, Single or Widowed <u>Widowander</u>	Occupation					
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<u>William Lewis</u> 97			How related to deceased <u>Son</u> <u>Enslaw</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

20 yrs

Immediate

Suppose Heart failure

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

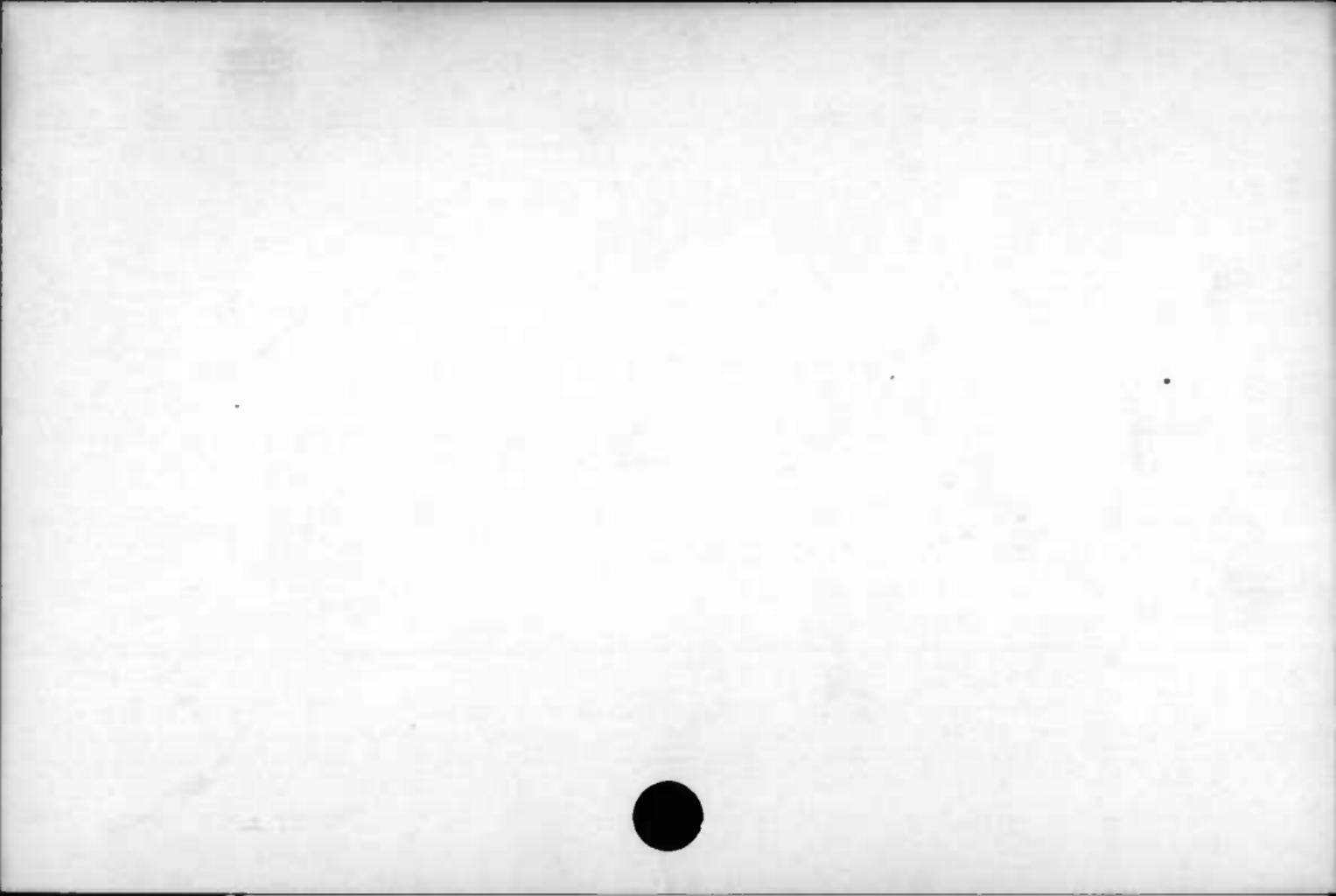
D G Holloway & Co

Address

Salisbury Md

Undertakers

Accident or Suicide?



Name  
In  
Full

Nellie Grover, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month February	Day 16.	Years 77	Months	Days
Sex: Female	Color or Race white	Birth-place Maryland			
Married, Single or Widowed widowed	Occupation housewife				
Name of Wife or Husband Benjamin P. Grover					
Father's Name Eliza Bennett	Father's Birthplace Maryland				
Mother's Maiden Name Nancy Bradley	Mother's Birthplace Maryland				
Name of person giving Information Louis T. Wilson	How related to deceased My				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Voluntary lesion of heart -  
Heart failure

How long

8 months

Immediate

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

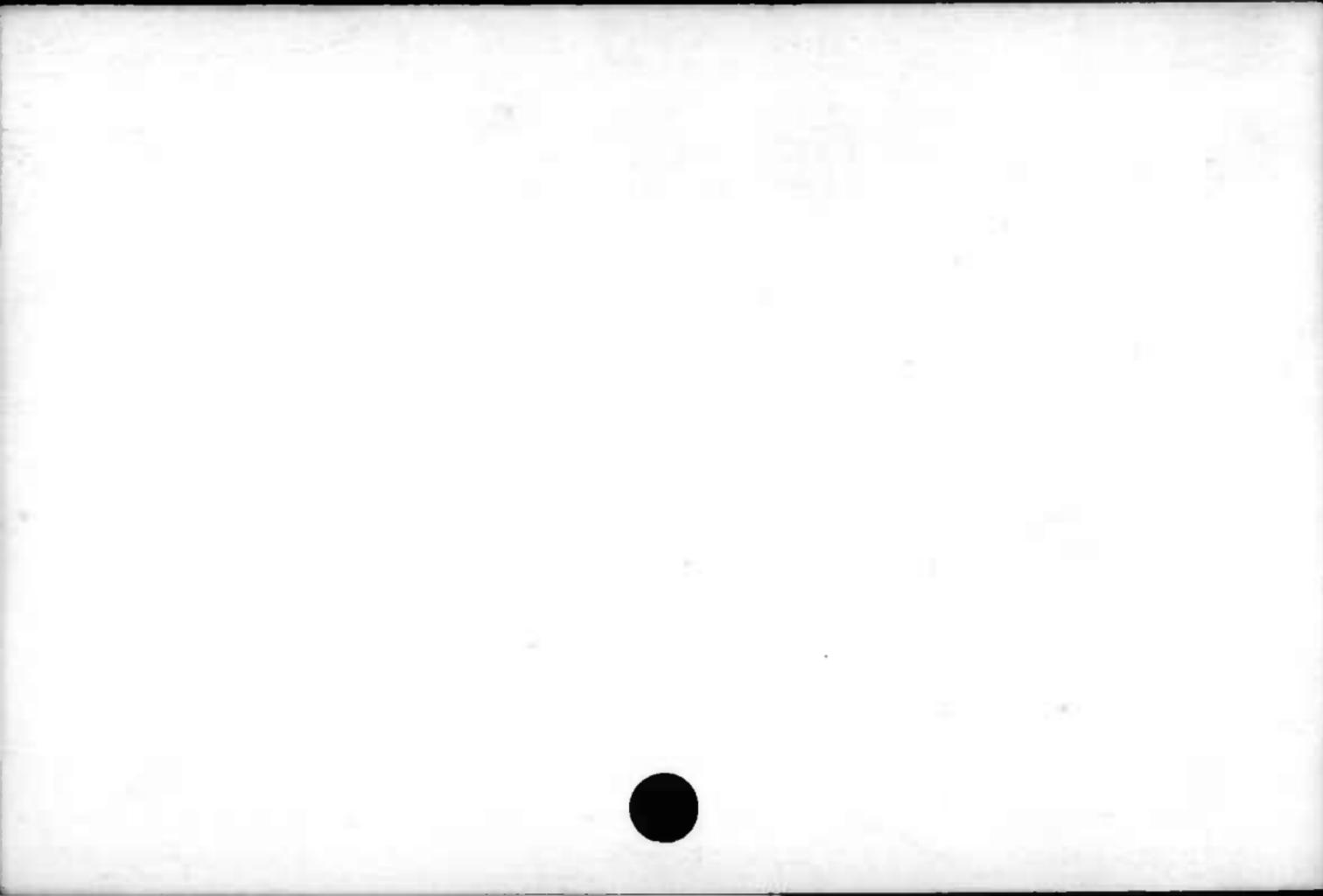
yes

Signature of Physician

Address

Louis T. Wilson  
Mardela Springs  
Md.

Accident or Suicide?



Name In Full

Certificate of Death

Elizabeth Heason

Town

County

MARYLAND

Died at

Fritchland vicinie

Month

Day

Y.

M.

D.

Native of

Date 1903

Feb. 20

Age 72

Occupation

School Teacher

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

J. J. Heason

Mother's  
Maiden Name

Eliza Coney

How long sick

Cause of

Primary

Tuberculosis 21

Death

Immediate

Congestion of lungs &amp; heart failure

Accident, Suicide, Homicide

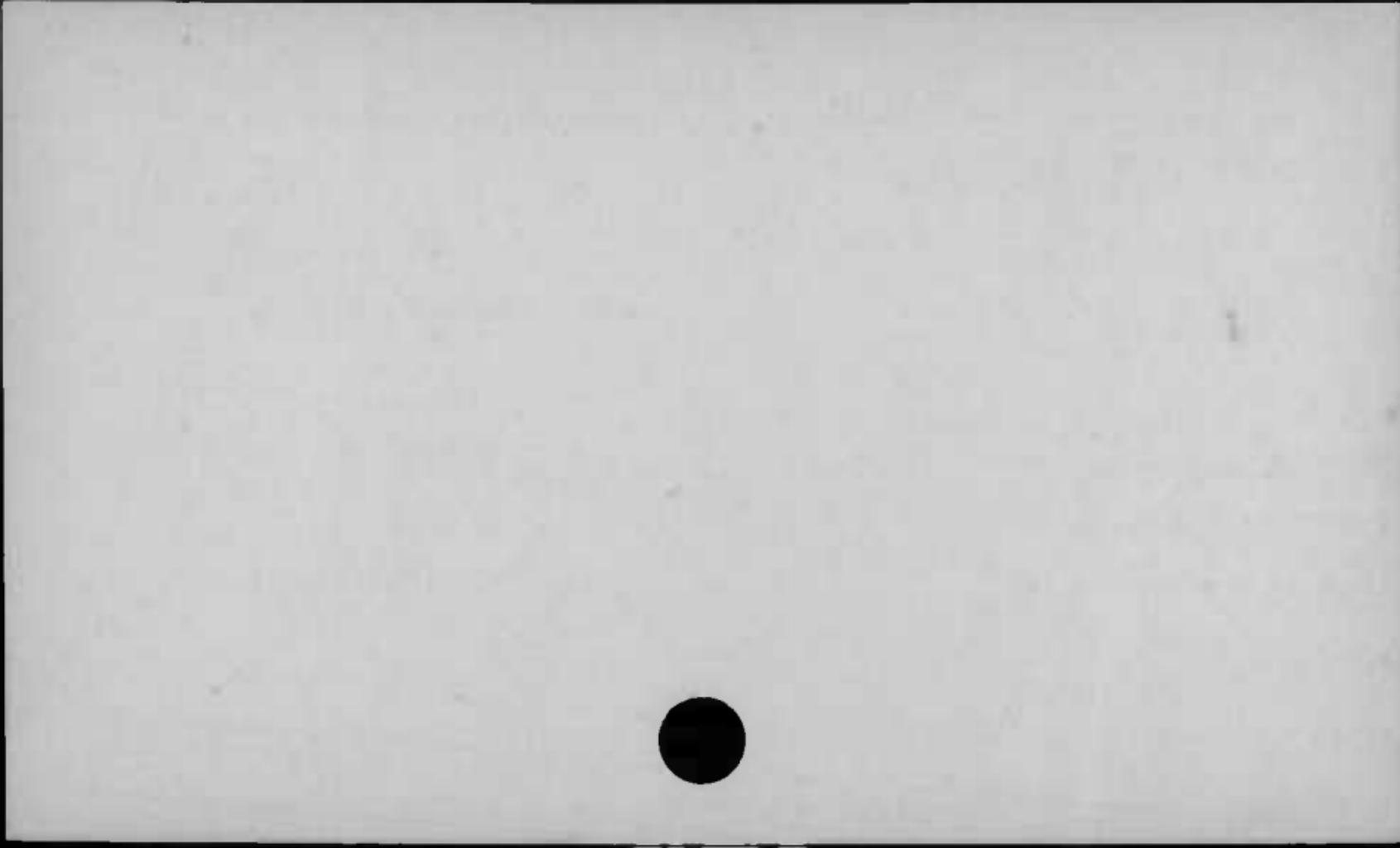
Reported by

Louella Morris M.D.

Delisbury Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Jacob Hearn

CERTIFICATE OF DEATH

Died at		Town	County			
Near Salisbury		Nicomico			MARYLAND	
Date of death 1903	Month Feb.	Day 27	Age 78	Years	Months	Days
Sex Male	Color or Race Negro			Birth-place Maryland		
Married, Single or Widowed	Widower	Occupation		Farmer		
Name of Wife or Husband						
Father's Name	Moses		Father's Birthplace			Maryland
Mother's Maiden Name			Mother's Birthplace			"
Name of person giving information	Wesley Stevens Cold.		How related to deceased			None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Supposed to be dropsy 1911 How long  
Immediate How long

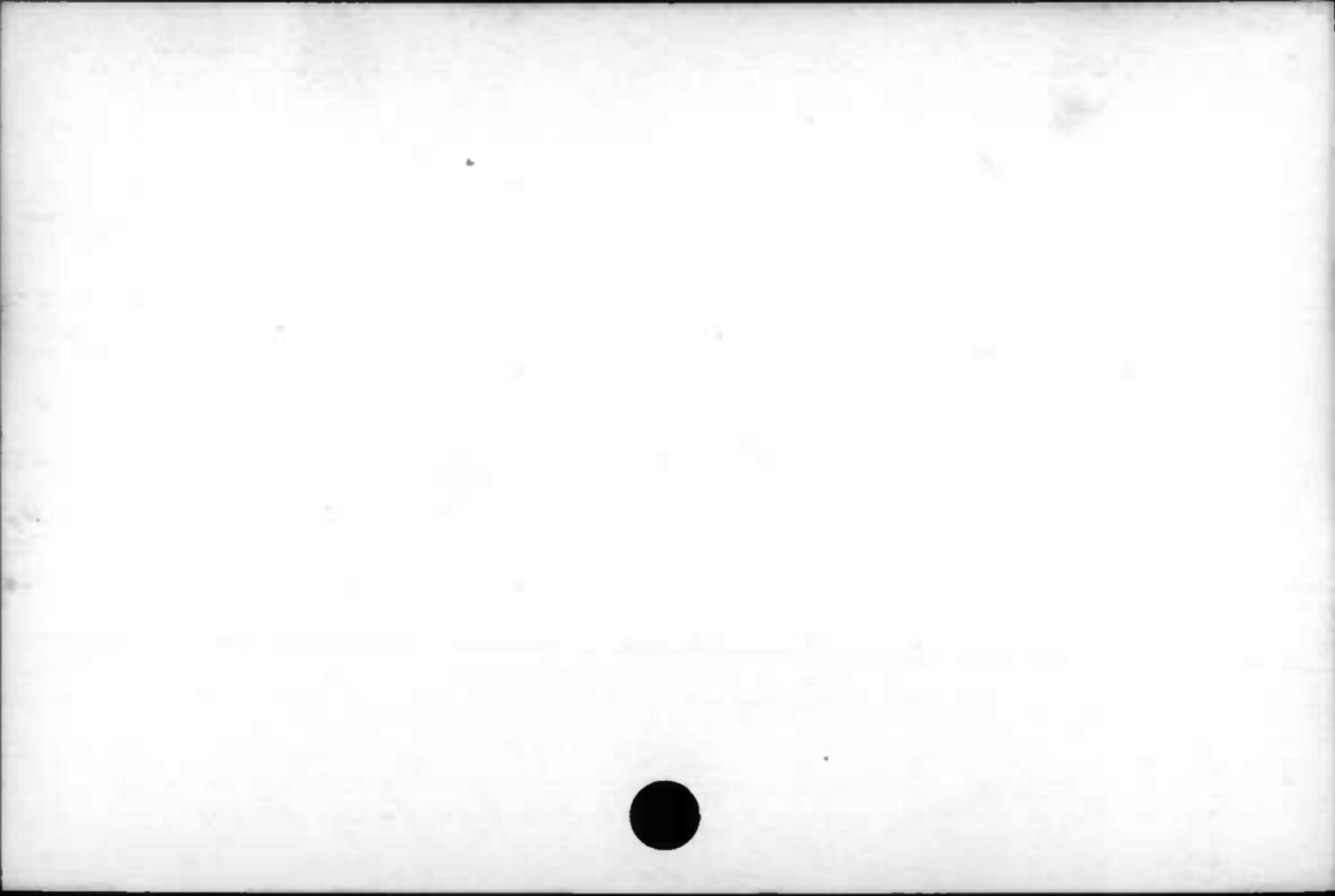
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No Physician  
Geo. C. Hill

Accident or Suicide?



*Joseph S. Hearn*

Town

County

*Near Quantico**Virginia*

MARYLAND

Died near Quantico Date 1903 Month Feb Day 27 Y. 66 Native of Quantico Occupation Farmer  
 Date <sup>189</sup> Feb 27 Age 66 Native of Quantico Occupation Farmer  
 Male 71 White Yes Married Yes Widow Divorced  
 Female 0 Colored No Single Yes Widower Number of children living 3

Husband of Annie E. Hearn

Father's Name Isobod Hearn Mother's Name Elizabeth Hearn

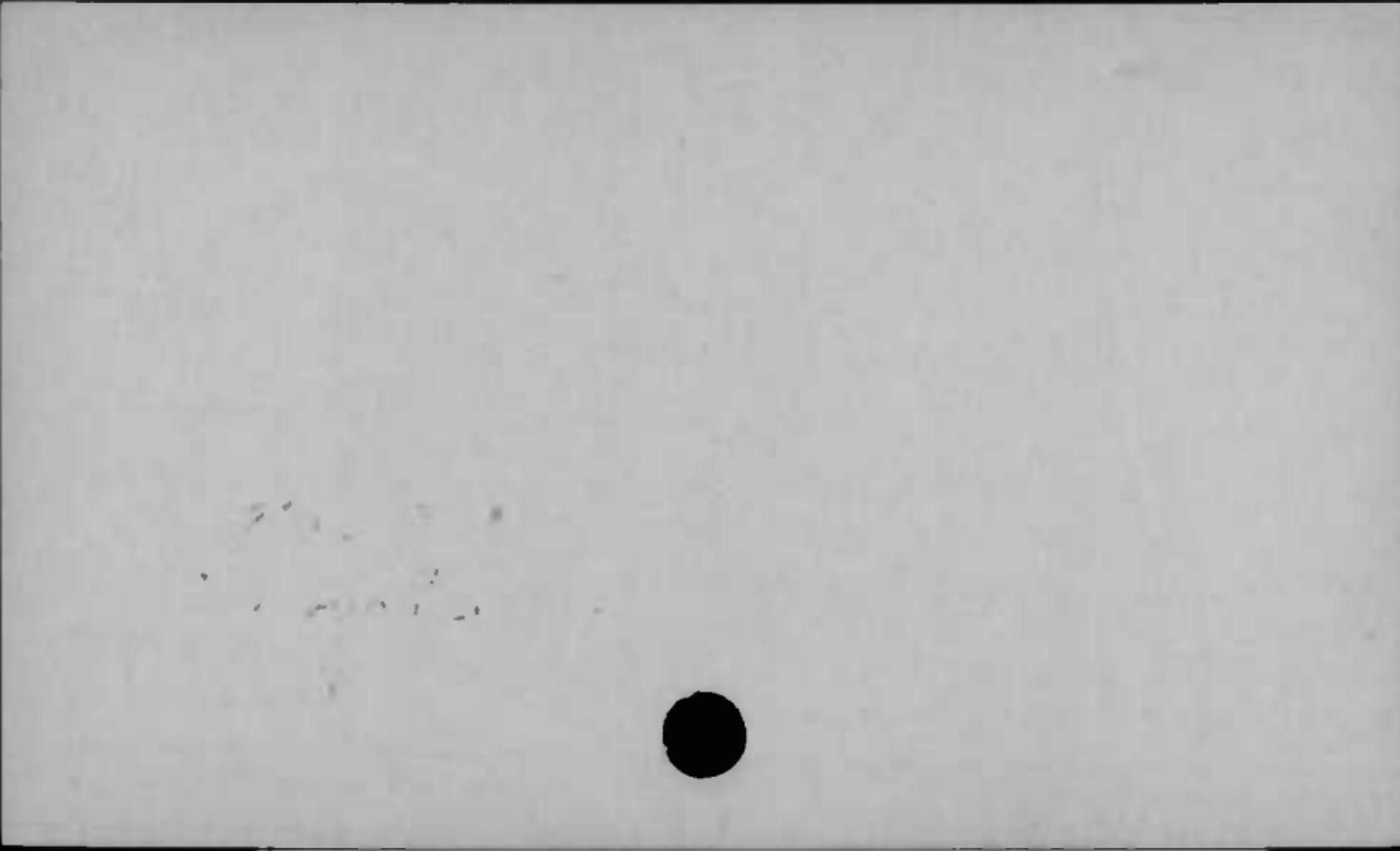
Cause of Death Malaria Primary 4 How long sick

Death Immediate Rheumatic Heart Accident, Suicide, Homicide

Reported by Wm. H. Dashiel M.D.

Address Quantico Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Thomas B Hitchens

CERTIFICATE OF DEATH

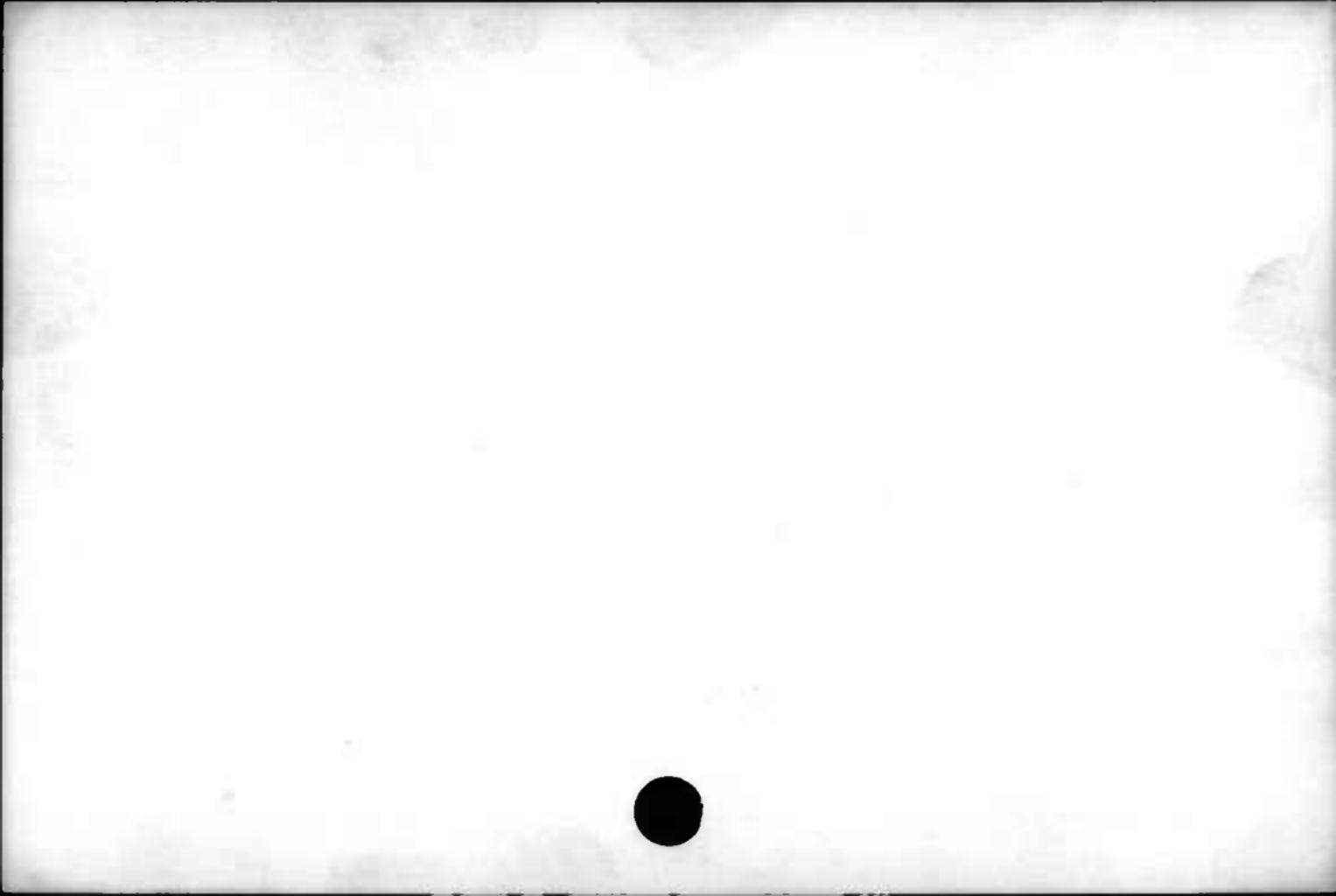
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month Feb	Day 18	Years	Months 11
Age			Days 8	
Sex male	Color or Race White	Occupation	Birth- place Salisbury Md	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name Joseph Hitchens			Father's Birthplace Ova	
Mother's Maiden Name Belle Griffin			Mother's Birthplace Md	
Name of person giving Information Joseph Hitchens			How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza 10	How long 2 weeks
Immediate	neglect dangerous structures	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	S J. Hitchens	Signature of Physician Joseph Hitchens
		Address Salisbury Md
Accident or Suicide?		



No Name

Town

County

Died at

MARYLAND

Salisbury Wicomico

Month

Day

Y.

M.

D.

Native of

Date 19

03 Feb 5

Age

6

mid

Occupation

White

 Married

Widow

 Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Infant

Wife

Father's  
Name

Robert Hopkins

Mother's

Maiden Name

Maggie Robinson

Cause of

Primary

Infantile Tetanus

How long sick

Death

Immediate

" 72

9 hours

Accident, Suicide, Homicide

Reported by

Dr. M. Stevens M.D.

Address

Salisbury  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Rupert Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Feb	Day 25	Years 0	Months 4	Days 15
Sex Male	Color or Race	white	Birth- place	Economo Co.	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Chas. R Hutchinson			Father's Birthplace	Baltimore, Md.
Mother's Maiden Name	Rosa Parker			Mother's Birthplace	Economo Co.
Name of person giving Information	C. R. Hutchinson			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

One week.

Immediate

"

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

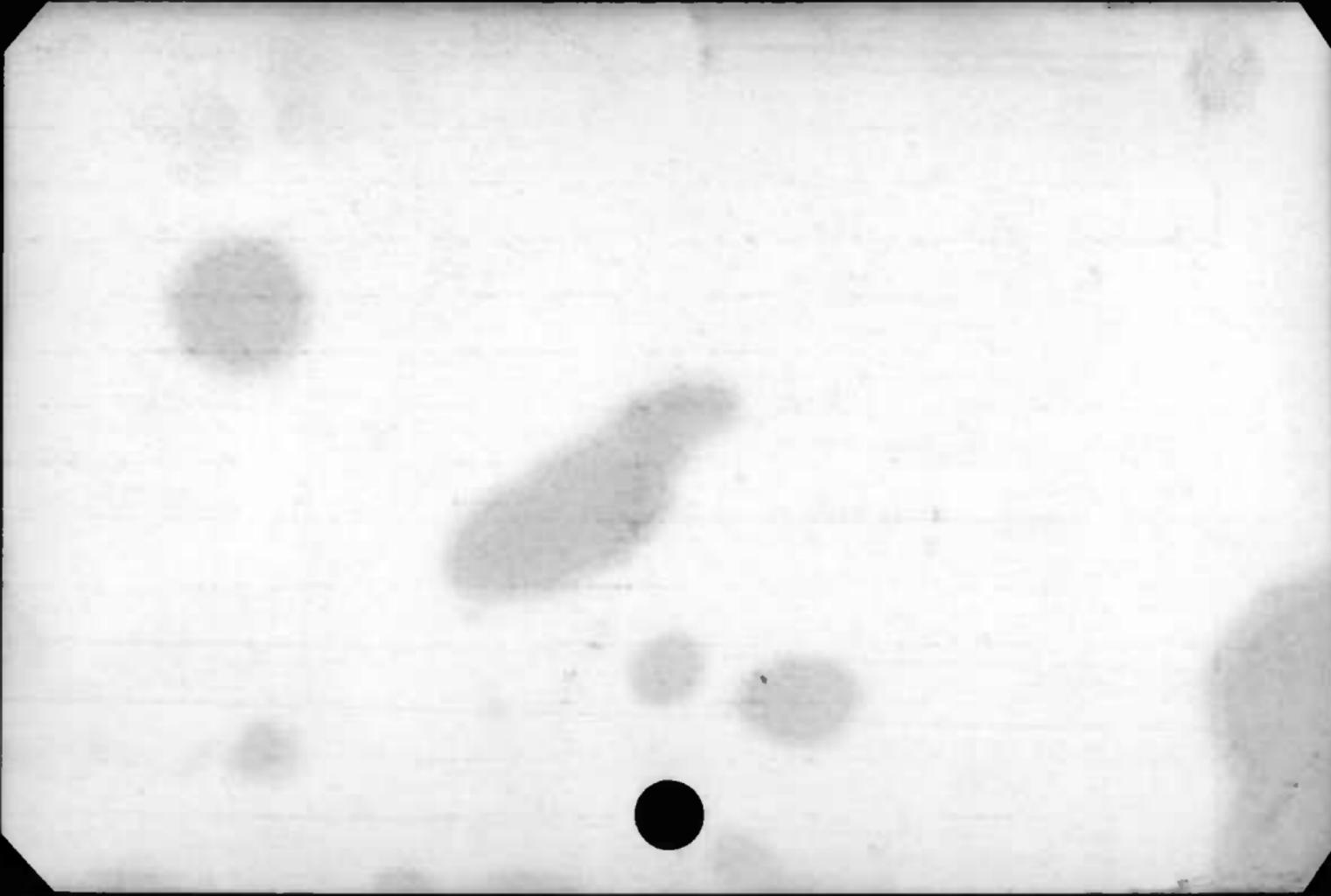
Yes.

Signature of  
Physician

Address

Robert E. Eggleston  
Delmar Del

Accident or Suicide?



Name  
in  
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month 2	Day 18	Years Age	Months one
Sex Male	Color or Race Black	Occupation	Birth- place Md	Days
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name Maurine Jones			Father's Birthplace Md	
Mother's Maiden Name Ella Bounds			Mother's Birthplace Md	
Name of person giving Information Maurine Jones			How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long  
Cause 2 days

Are the name, age, sex, color, date  
and place correctly given above?

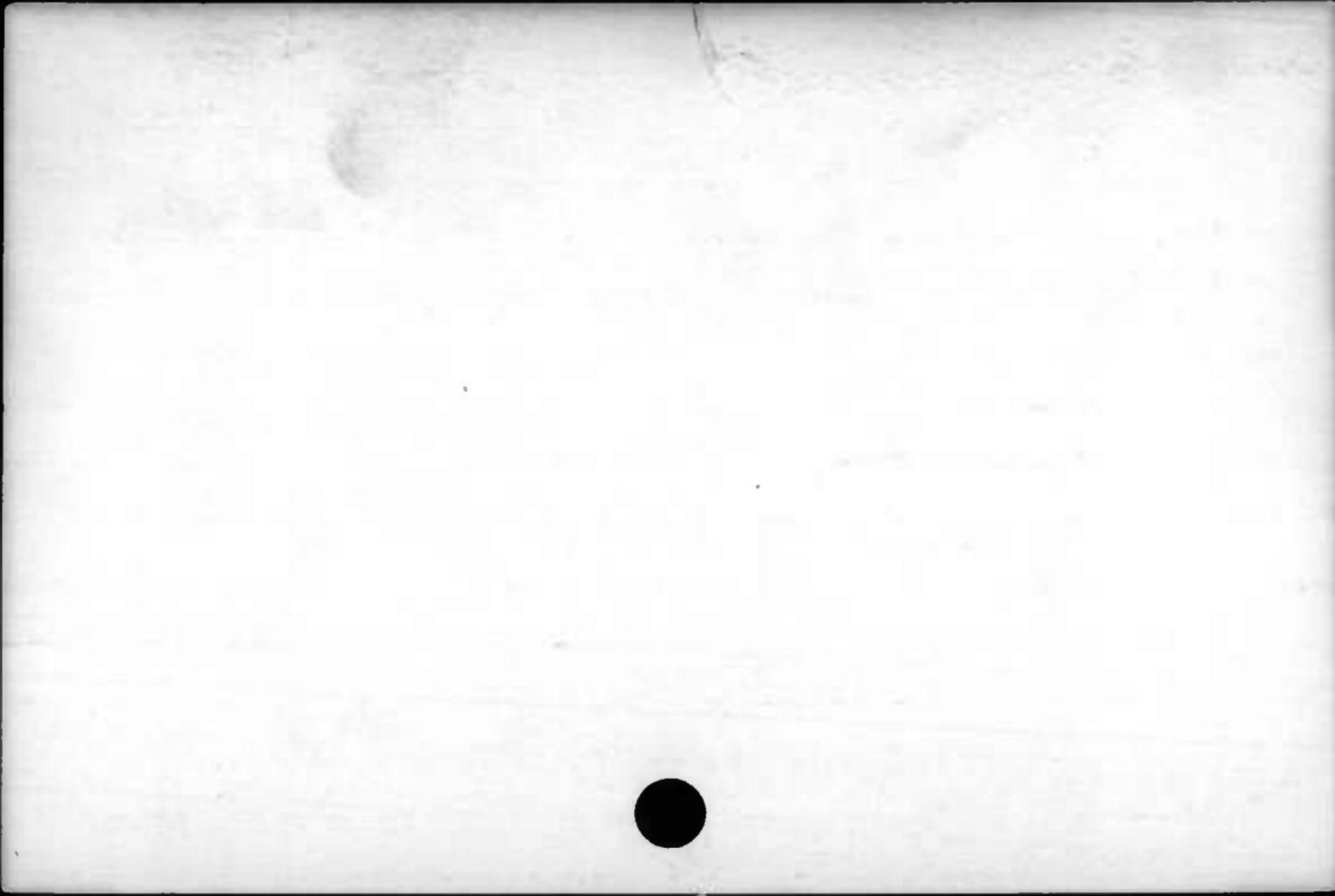
Signature of  
Physician

Address

E. A. Dennis Maryland

Accident or Suicide?

Moderately 2nd



Name in Full

Certificate of Death

Irving Kennedy

Town

County

Died at Quantico

Virginia

MARYLAND

Date 1903	Month Feb	Day 5	Y. 79	M. 3s	D. Widower	Native of Quantico	Occupation Farmer
Male	White	Age 79	Married	3s	Widow	Divorced	
Female	Colored	Single			Widower	Number of children living 5	

Husband

of Wife

Father's

Name

Cause of

Death

Reported by

Address

Emily Kennedy

Mother's Name

Everton Kennedy

Primary	Indigestion	106	How long sick 4 or 5 years
Immediate	Diarrhoea		Accident, Suicide, Homicide

W. H. H. Dashiel M.D.

Quantico Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



## Still Born Child

Town Mardela County  
Died at Mardela Wrenches Co MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	2	12					
- Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name

Cause of

Primary

Death

Immediate

Mother's  
Maidan Name

Agnes Gillis

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. L. Seabrook  
Mardela Shores Md



Name  
in  
Full

Infant - Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death 1903	Month Feb.	Day 18 <sup>th</sup>	Years	Months 3	Days		
Sex Male	Color or Race White	Birth-place Maryland					
Married, Single or Widowed Single	Occupation						
Name of Wife or Husband							
Father's Name Robert G. Parsons	Father's Birthplace Maryland						
Mother's Maiden Name Ella E. Malone	Mother's Birthplace Maryland						
Name of person giving Information Geo. C. Hill	How related to deceased Undertaker						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address 17A

Accident or Suicide?

I think Dr Geo. Zrnitt  
of Parsonsburg attended  
the child. Geo. C. Hill

Name  
in  
Full

Sallie Parsons

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 21	Age 40	Years	Months	Days
Sex Female	Color or Race Black	Birth-place Md				
Married, Single or Widowed	Occupation Housework					
Name of Wife or Husband	William Parsons					
Father's Name	William Parsons			Father's Birthplace Md		
Mother's Maiden Name	Sarah Parsons			Mother's Birthplace Md		
Name of person giving information	Tom's Parsons			How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	sout know	179	How long	sout know
Immediate	sout know	179	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yea	Signature of Physician Address	Geo. H. Zodell Salisbury Md	
Accident or Suicide?	(A large black circle covers the bottom right corner of the page.)			



# Emily Phillips

Town

County

MARYLAND

Died at Salisbury Wicomico MARYLAND  
 Month Feb. Day 22 Y. M. D.  
 Date 1903 Age 59 Native of Wicomico Occupation Housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband's Name of James A. Phillips  
 Wife Father's Name Mother's Name  
 Maiden Name

Cause of Death Primary S. Grippe & Bronchopneumonia How long sick 2 weeks  
 Immediate Heart & Respiratory failure Accident, Suicide, Homicide

Reported by

F. G. Stevens M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary A. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Feb.	Day 27	Years 68	Months	Days
Sex Female	Color or Race White	Occupation Housekeeper	Birth-place Maryland		
Married, Single or Widowed Widow					
Name of Wife or Husband Thomas Powell					
Father's Name				Father's Birthplace	Maryland
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving Information Joshua J. Powell				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

179

Accident or Suicide?

No Doctor.

She was supposed to have Asthma

Geo. L. Hill

Undertaker

Name  
in  
Full

Sarah Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 2	Years 86	Months	Days	
Age 10	Color or Race White	Birth- place Md			
Sex Female	Occupation Seabrook				
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				
J. A. Brumby None					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tumor 46	How long
Immediate		How long

Are the name, age, sex, color, date  
and place correctly given above?

E. A. Densau

Accident or Suicide?

Signature of  
Physician

Address

Wheatland  
Md



Died at <u>Fruitland</u>		County <u>Wicomico</u>		State <u>MARYLAND</u>	
Date 1908	Month <u>Feb.</u>	Day <u>20</u>	Y. <u>3</u>	M. <u></u>	D. <u></u>
Male	White	Age <u>3</u>	Native of	Occupation	
Female	Colored	Married	Widow	Divorced	
Husband of		Single	Widower	Number of children living	
Wife					
Father's Name	<u>Sorenson</u>	Mother's Maiden Name	<u>Cecie Soll</u>		
Cause of Death	Primary <u>Broncho - Pneumonia</u>		How long sick		
	Immediate <u>Toxaemia &amp; heart failure</u>		Accident, Suicide, Homicide		

Reported by

Louis W. Reomi M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Amelia Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

Nearest Friend  
W. L. Stevens

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth- place	
Married, Single or Widowed	Widow	Occupation			
Name of Wife or Husband	William Waller				
Father's Name	Dashill				
Mother's Maiden Name	Dishawoon				
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Brain Disease

How long

5 years

Immediate Heart Failure

How long

2 or 3 years

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

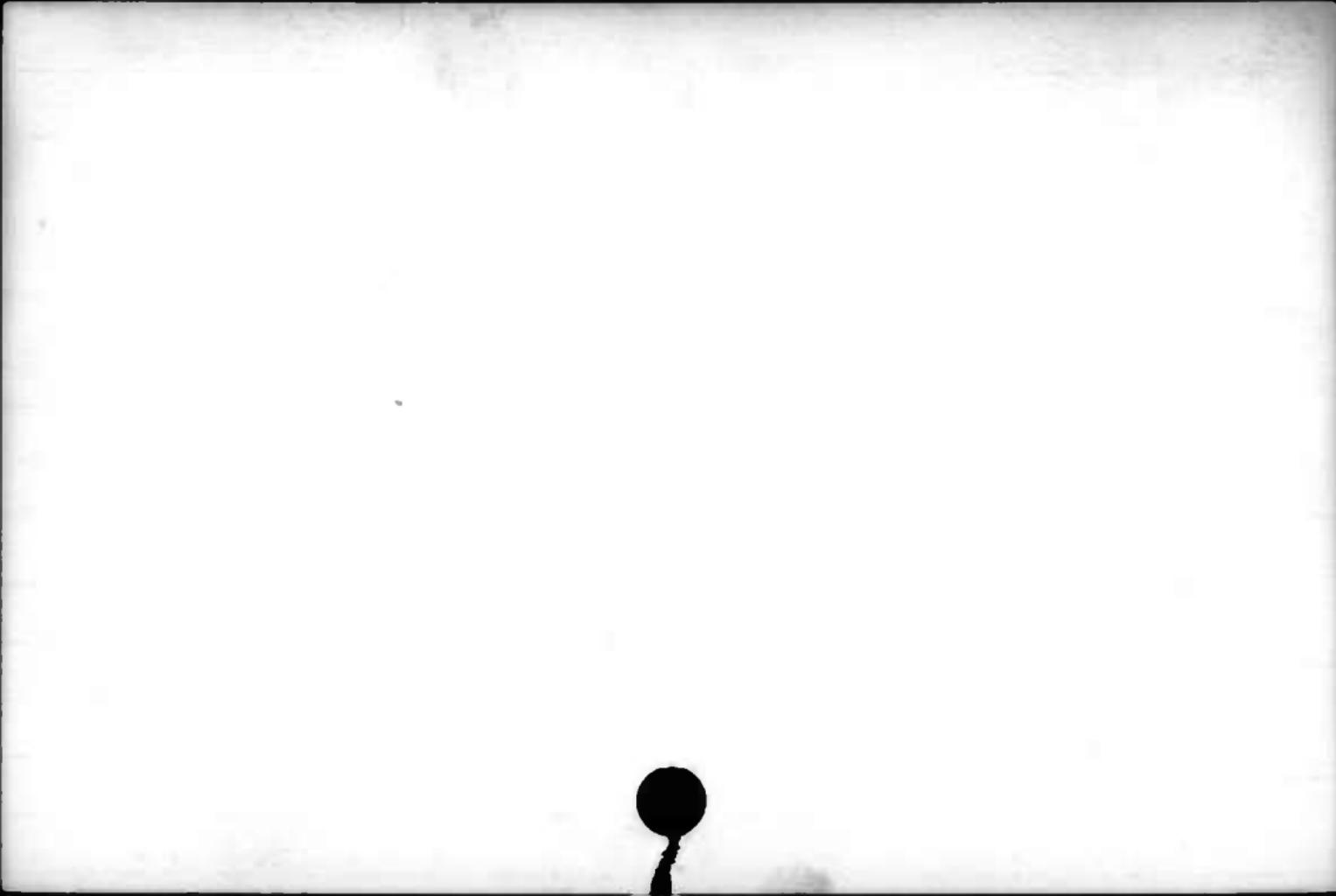
Address

yes

F. M. Stevens

Salisbury  
Md.

Accident or Suicide?



*Appiah Waller Col*

*Town**County*Died at *Near Quantico**Virginia**MARYLAND*

(1903)

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age 45

Male

Feb 20

~~Wife~~

Married

3rs

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

5 or 6

Husband

of

*Alice Waller*

Father's

Name

Mother's

Name

Cause of

Primary

*Gripp*

10

How long sick

Death

Immediate

*in Grippoid Form*

Accident, Suicide, Homicide

Reported by

*Wm H. H. Dashill M.D.*

Address

*Quantico MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month Feb	Day 6	Age 77	Years 10	Months	Days
Sex male	Color or Race white			Birth-place		
Married, Single or Widowed		Occupation		Farmer		
Name of Wife or Husband		Mary E White				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		John Ennis		How related to deceased Son in Law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

general ability 5+ How long twelve months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L.R. Farlow, undertaker  
Pittsville, Md.

Accident or Suicide?

